
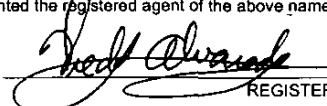
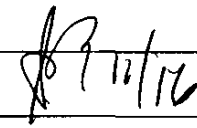



PLEASE READ ALL-INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>06 NOV 16 PM 2: 56</b> <b>DEPT. OF STATE TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT # N11129</b>					
<b>1. Corporation Name</b>  Garden Apartments Condominium Association, Inc.					
<b>2. Principal Office Address</b> 248 Majorca Avenue  Suite, Apt. #, etc.			<b>3. Mailing Office Address</b> PO Box 14-4977  Suite, Apt. #, etc.		
<b>City &amp; State</b> Coral Gables, FL  Zip 33134 Country Miami-Dade			<b>City &amp; State</b> Coral Gables, FL  Zip 33114 Country Miami-Dade		
			<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 09/17/1985		
			<b>5. FEI Number</b> 59-2760141		<b>Applied For</b> <input type="checkbox"/> Not Applicable
			<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>		
<b>7. Name and Address of Current Registered Agent</b>					
Name Fredy Alvarado					
Street Address (P.O. Box Number is Not Acceptable) 248 Majorca Avenue					
Suite, Apt. #, Etc.					
City Coral Gables, FL				State FL	Zip Code 33134
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>					
Signature of Registered Agent  Date <u>Nov/13/2006</u>					
REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P	Fredy Alvarado	248 Majorca Avenue	Coral Gables, FL 33134		
S	Victor Hernandez	260 Majorca Avenue	Coral Gables, FL 33134		
VP	Daniel Mastagni	252 Majorca Avenue	Coral Gables, FL 33134		
					
<b>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>					
SIGNATURE:  Date <u>Nov/13/2006</u> Daytime Phone # <u>305-636-4101</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					